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ABSTRACT

The author describes an instructional film program for counselors-in-training that employs a teaching strategy based on the principle of counselor therapist developmental tasks. The tasks are specific enough for the majority of students to grasp the concept or learn the skills, yet are not so finite as to be of dubious relevance to the complex dynamic behavior of counselor or therapist as a positive influence in human interaction. The general teaching strategy to implement the tasks has evolved as a sequential progression of lessons beginning with a didactic presentation of concepts, followed by simulation exercises, interpersonal affective stress, video and physiological feedback, study of self in-action, feedback from clients and, finally, understanding of and skill at dealing with the complex bilateral impacts which occur when two people are in relationship with each other; in general, from specific skills to complex interaction, and from low to high anxiety tasks. (Author/RWP)

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INFLUENCING HUMAN INTERACTION—

ELEVEN YEARS WITH IPR*

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Overview

The research which led to the development of the Interpersonal Process Recall (IPR) methods addressed itself to the fundamental question--Can we improve the ways in which people relate to each other? Can reliable methods be developed to teach people to live with each other without inflicting pain or destruction on each other? Can we improve the mental health of our society?

In 1962 my colleagues and I observed that stimulated recall (Bloom, 1954) by means of videotape and assisted by a person serving as "inquirer" could enable people to understand themselves better, to recognize their impact on others, to realize the impact of others on them, and could allow people an unusual opportunity to try out new interpersonal modes of relating and responding.

Our initial observations about stimulated recall using videotape were serendipitous. In 1961 Michigan State University was one of a few institutions to have professional videotape equipment readily accessible to faculty. Visiting lecturers were videotaped to preserve the lecture for future playback. Curious about the new process, several of the visitors asked to review the playback immediately after they

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* This paper is an updated and expanded version of an earlier report (Kagan, 1973).

left the studio. I was amazed at the extent to which the videotape stimulated detailed recall of the experience. Lecturers reported having forgotten passages in their prepared script and momentarily panicking, thinking all sorts of frightening thoughts; yet, the only unusual behavior on the videotape at the time was a very slight hesitation between sentences. At other times lecturers recalled having been concerned about activity in the control room at a specific moment and time; yet, to the casual observer, the interviewer seemed never to have taken his attention from his prepared address. Perhaps more startling was the self-confrontation potential of the immediate playback. Guest lecturers made such comments as, "I really seemed to look down at my audience--I look haughty--but really I was feeling a bit defensive," or "I certainly behave like a stuffed shirt, don't I?" or "I may not look it, but I was frightened to death--fantasizing all sorts of horrible things if I 'goofed' . . . That I'm maybe not as good as my reputation and if I 'goof' the whole world will know it." Because these eminent people were, in fact, not research subjects or supervisees, probing or interpreting was kept to a minimum and only respectful inquiries were made of the guests. Under these conditions (immediate videotape playback and probes, rather than interpretations), the guests often said things about themselves which were critical and which others said about them only behind their backs.

Our* first use of the media was an attempt to develop a test of situational empathy or affective sensitivity (Campbell, Kagan & Krathwohl, 1971; Danish & Kagan, 1971; Greenberg, Kagan & Bowes, 1969). We videotaped

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* David R. Krathwohl and William W. Farquhar were co-researchers with me during the first fours of IPR.

counseling and therapy sessions in an attempt to gather brief episodes which could then be played to groups of subjects. We decided to construct multiple-choice items to determine a subject's ability to identify the thoughts and feelings of the client. In order to create useful multiple-choice items a procedure was devised whereby the videotaped participants themselves would help in the process of generating items. Immediately after each counseling or therapy session, the two participants were seated in separate rooms to review separately the videotape of their session. Each participant was joined by a member of the research team. A remote control stop-start switch was wired into each room so that the tape replay could be instantly stopped by any of the participants. The role of the team member was very carefully defined. We were to assist the client or therapist to relive and talk about the session with special emphasis on covert processes. In order not to distort the "data" we had to avoid interpretations and judgments; nonetheless, we had to encourage, facilitate and probe. Our task was that of clinical interrogator or "inquirer" (a term we now prefer). We found that if the inquirer also assumed the same "respectful" set that I had used with our distinguished visitors that the recall was intensified.

So we did not start with a theory but rather with a set of constraints based on experience and the dictates of social survey research. In all fairness to my colleagues and me, we had been searching for new methods in human interaction and so were in an excellent position to recognize immediately the potential of the accidental discovery.

The "data" which emerged from our initial experience, that is, the statements made by the participants, was fantastic. The amount of rapid acceleration of participant awareness, owning up to feelings, self-analysis and critique, insights and motivation to improve, suggested immediately that the process of stimulated recall using videotape together with the unorthodox supervisor-as-respectful-inquirer role was a powerful new educational and research tool.

The apparent potency of the technique led us to a series of research studies in several areas. Studies of non-verbal behavior were undertaken as well as studies of learning "style" and teacher-student interaction (Kagan, Krathwohl et al, 1967). An affective sensitivity scale was ultimately developed which proved useful for a variety of practical and research purposes (Campbell, Kagan & Krathwohl, 1971; Danish & Kagan, 1971; Greenberg, Kagan & Bowes, 1969). By videotaping counseling and therapy sessions and conducting recall sessions with clients or therapists or both, new understandings of the nature of the helping relationship emerged. Because subjects seemed motivated and able to analyze and critique their own behavior, the media seemed to have potential for accelerating client progress in therapy and so a series of studies were implemented to develop this potential.

The method has been used as a means for uncovering the actual covert processes used by outstanding medical diagnosticians as they examine and diagnose patients who have [redacted]plex symptoms (Elstein et al, 1972). By videotaping outstanding diagnosticians and then conducting a recall session with them of their examination, some fascinating data has emerged.

Probably the most important is that the actual covert processes which outstanding physicians go through is very different from the processes described in most medical textbooks and, indeed, is very different from what the medical expert himself describes when he attempts to teach others about medical diagnosis.

Interpersonal Process Recall (IPR) is the term we coined for the basic process of reviewing a videotape with a person trained in the recall technique.

The area of investigation which received greatest emphasis was that of counselor education. We reasoned that if we would videotape a neophyte counselor interviewing a client, have the counselor leave the room and conduct a stimulated recall session with the client, that we would then have a very instructive record of the client's reactions to the counselor and in the client's own voice. We could then give the counselor a tape recording of the client's minute-by-minute reactions during the counseling session. We believed that this would be a very potent learning situation for the counselor. He could learn not from his supervisor's hypotheses, interpretations or admonitions, but rather from feedback from the client himself.

We were wrong (Kagan, Krathwohl et al, 1967; Ward, 1972). For all its apparent promise, our first two years of controlled studies forced us to the conclusion that this format (client-stimulated recall for counselor training) was not a significant improvement over traditional methods of teaching counselors and mental health workers. In fact, subsequent research failed to support the value of the method or any one variation in individual or in small group applications (Gustafson, 1969; Hurley, 1967).

Developmental Tasks

Four years of controlled studies led us to what should have been obvious from the start--therapeutic behavior is too complex to be learned by most students through any single type of supervisory experience. This possibility led us to the formulation of a teaching strategy based on the principle of counselor or therapist developmental tasks. The tasks were designed so that they were specific enough that the majority of students could be expected to grasp the concept or learn the skills, yet not be so finite as to be of dubious relevance to the complex dynamic behavior of counselor or therapist as positive influence in human interaction.

The general teaching strategy to implement the tasks has evolved as a sequential progression of lessons beginning with a didactic presentation of concepts, then to simulation exercises to interpersonal affective stress, to video and physiological feedback, to study of self in-action, to feedback from clients and finally, to understanding of and skill at dealing with the complex bilateral impacts which occur when two people are in relationship with each other; in general, from specific skills to complex interaction and from low to high anxiety tasks.

No assumption is made about the student's knowledge of personality theory or about his previous experience. The method is being used extensively in medical schools (Jason et al, 1971) and with such diverse groups as psychiatric residents and para-professional high school students. Although statistically significant differences between this so-called IPR model and traditional supervisory or pre-practicum models have been obtained in as few as eight to ten hours (Goldberg, 1967; Spivack, 1972), most

people who have conducted programs find that 30 to 50 hours of total time is desirable. The methods have been recently "packaged" in six hours of film (Kagan, 1972). The series is not instructor-free and assumes that a psychologically sophisticated supervisor is present or at least available to instructors and to students. A manual of suggestions is given to the instructor.

The Program

In the first film students are told about the purpose of the experiences and are given an overview of the teaching strategy. The instructor is encouraged to stop the film frequently to comment and to answer questions. The following is a typescript of the opening statement:

Narrator: What you are about to engage in is a series of videotape instructions, demonstrations and exercises. The purpose--the overall general purpose--is to help you become a better listener to other people and a more effective communicator . . . (Narrator spells these concepts out in greater detail) . . .

We will help you achieve these skills through a series of specific learning experiences, each of which is designed to help you achieve a certain dynamic interviewer developmental task.

Let me explain. In Unit I we will acquaint you with specific response modes of effective interviewer communication. We will discuss the logical effects of using such responses and provide you with some exercises so that you become able to incorporate these elements of communication into your interviews and encounters. In the second unit specific stimulus material will be provided to help you become more sensitive to client concerns by looking at ways in which other people may threaten you. You will be encouraged to look at different kinds of interpersonal situations in order to come to know better the kinds of stresses which are most difficult for you to deal with, to give you an opportunity to think through and become less threatened by these. In the third unit you will be encouraged to look closely at your own interview behavior by means of stimulated recall using videotape (IPR). You will be able to examine ways in which you fail to behave the way you would like to. You will be encouraged to tune in on yourself--to look as deeply as you can and learn through self-study the specifics of your own areas of interpersonal frustration and ineffectiveness. In subsequent sessions during Unit III, you will become better able to recognize, talk about and overcome what had been areas of stress and difficulty for you. In the fourth unit you

> will be taught the inquirer role. . . This will enable you to supervise each other in Interpersonal Process Recall sessions or to conduct recall sessions with each other's clients. One of the most immediate outcomes of such inquirer training is that you will learn new ways to help people think about themselves. You will also find that certain kinds of assertive interviewer behavior can be very productive. In Unit V you will be put into situations in which it will be possible to learn more about client communications--that is, to get direct feedback from clients about the effect of an interviewer on them. This will be accomplished by having you serve as inquirers for each other's clients. That is, you will each conduct an interview. After the interview a fellow trainee will review a videotape recording of the that interview with your client. Later you will review a tape like this with his client. It can be quite an experience. In the sixth unit, you will be taught how to use the ongoing interview as a vehicle not only for understanding the life-style of the client you are with but how to change his relationship with you. You will be taught how to use the here-and now, ongoing relationship as a means to enable you to understand the person you are working with and to help that person understand himself. Finally, there is a summary and theory unit.

In Unit 1 we have delineated four characteristics of therapeutic response--"exploratory," "affective," "listening," and "honest labeling." The student is shown vignettes in which an actress-client makes a statement and an interviewer responds to one facet (i.e., cognitive) of her statement. In the next vignette the client repeats her statement to a second interviewer who responds to a different (i.e., affective) component of her statement. Several client types and interviewer types are presented for each of the four sets of concepts. The instructor points out that the cognitive, non-exploratory, etc. response modes are those usually associated with social conversation while the other response modes are those which are frequently contained in therapeutic communication. Students practice the new response modes with a series of simulated

clients on film who look directly at them and make statements varying in complexity and intensity. Students are reminded that the response modes being taught are helpful but are not used by effective interviewers as a way of responding to every client statement and that indeed it is frequently inappropriate to use them.

Unit II is far more complex and took considerably more time to develop (Kagan, Krathwohl et al, 1967; Kagan & Schauble, 1969; Danish & Kagan, 1969; Archer et al, 1972; Danish & Brodsky, 1970; Grossman, 1971; Gustafson, 1969). The following is part of what the students are told:

> Narrator: This next unit is designed to help you further tune your "third ear." The ability to help a client know some of his more subtle messages, moods, and feelings I think is determined by two factors. First is practice, practice at labeling feelings, especially interpersonal fears--finding words for the basic dimensions, the basic shapes, the general characteristics of gut level emotion. Second, and perhaps even more important, is the ability to overcome your own resistances to becoming involved in a psychologically intimate and meaningful way with another human being . . .
>
> . . . We developed a series of simulation exercises which should help you become better able to label feelings in general and to deal with factors which might otherwise interfere with your effectiveness in human interactions. In each of the vignettes you are about to see, please forget about the surroundings you are currently in. Try to imagine that you are alone with the person on the screen . . . I ask you now to fantasize that you are alone with each of the people you will see. Pretend you have been talking with them. They are not being interviewed by you, they are not your clients, they are not your patients. Please allow the person you are watching to have an impact on you.
>
> After each of the vignettes your instructor has chosen, you will be asked to talk about your reactions. Ask yourselves the following questions as you proceed?
>
> What did you feel? What were your bodily reactions? When else in your life did you feel that way?
>
> What did you think? What would you probably do? What would you really want to do?

> What did you think the person was feeling about you? What made him think he could talk to you that way--that is, what did he see in you or think he saw in you which gave him the right? What did you think he or she really wanted you to do or really wanted to make you feel?
>
> If you've never before experienced that kind of interaction, have you ever felt that someone wanted to tell you what the person you were viewing did? What does that usually do to you?

There are four ways in which these simulations are then used. First in small groups, trainees are encouraged to share their reactions with each other. Students soon learn to increase their repertoire of descriptors for covert processes. They also learn that people react differently to the same stimulus, and that finding out "what happened" to someone may be less important than finding out what meaning it had to the person. With the help of a skillful instructor, many of the benefits of small group encounter sessions can also accrue but with fewer risks and higher reliability. A second format has trainees working in pairs where one trainee serves as "counselor" as his fellow trainee tries to verbalize the impact a vignette had on him. A third format involves the use of simultaneous video recording. As a student watches a vignette he is videotape recorded. A videotape playback, using a stop-start switch and the instructor as inquirer, greatly facilitates recall of the details of the impact of the vignette. Of equal benefit, students can see how they looked while watching sexual, affectionate, hostile or "guilt slinging" simulations. Where vignettes of children are used with teacher-students, for instance, the teachers are often impressed with the extent to which they do not hide their emotional reactions nearly as well as they had thought. A fourth format is currently of great research interest to me and my colleagues. The potential for important learning is limitless. A student views a vignette. He is videotape recorded. On the same videotape, also recorded are some of his physiological responses. The stop-start playback which follows then contains the vignette,

the subject's physical reactions and a visible presentation of his changes in heart rate, palmar sweat rate, respiration and gut motility. During the replay the inquirer has also available to him the ongoing physiological reactivity of the student during the recall. In this way, both inquirer (and student) can know not only what the student's physiological reactivity then was, but can also determine if and when the student is actually reliving the experience in the same way during recall. As we learn more and more about physiological patterns associated with denial and suppression, it becomes increasingly possible for inquirer and student to recognize areas of "blockage" and to also know when denial or avoidance to that stimuli is being overcome. Although this format is currently being applied where facilities are available (usually with medical students), its full potential, yet to be achieved, will incorporate an on-line computer to facilitate pattern recognition.

By Unit III the student is usually ready to study himself in action. Typically he has learned some basic skills at therapeutic responding and has had practice labeling interpersonal stress and examining his own reactions to a variety of types (hopefully the full spectrum of basic types) of interpersonal stress and strain. The next step would logically to be to help the student learn about what clients want and need in interpersonal encounter--why do they come for help? What are some of their more subtle messages? What do they really want from us? One might assume that an effective way of teaching the student about the nature of client concerns would be through client study--not so! We observed through the years

that all trainees perceive infinitely more information about the nature of client concerns and client communication than they appear to have. This "feigning-clinical-naiveté" is a universal pattern. If the student already has perceived infinitely more data than he dares use or that he knows how to use, the next logical developmental task is not the study of clients in interviews, but the study of the student himself as he tries to be of help to another. The student is videotape recorded. At the end of the interview, he is joined by an inquirer after the client has left. During the videotape playback the inquirer encourages the student to relive the experience in as much depth and detail as possible. He is encouraged to remember what he was thinking and feeling, what he thought the client was thinking and feeling, what he wanted the client to think and feel, fantasies that he was having, images that were going through his mind, and any awareness he had of his own bodily state. The inquirer is careful not to be judgmental or to convey to the student criticisms or evaluation. His task is to encourage the student to re-live and verbalize covert behavior in the just completed interview. Typically, students are able to make explicit their own strategies and concerns which had interfered with their achieving their own goals in the session--what they themselves had perceived as necessary and desirable. Perhaps most important, students almost universally recognize the feigning-clinical-naiveté phenomenon. They recognize ways in which they perceived subtle, often complex, messages but, usually out of fear of involvement, pretended that they did not perceive the message at all. Invariably, new supervisors are amazed to hear students clearly verbalize awareness of very subtle phenomena which to the observer appeared to have been

completely missed during the interview. As students explicate such covert phenomenon, they appear more and more willing to take interpersonal risks, using data which is communicated by the client but which had previously been ignored or avoided.

The next developmental task is as much for the convenience of the instructor as it is for the benefit of the student. Most students need to learn that aggressive assertive behavior is not necessarily hostile behavior. In the course of normal social interactions, one does not typically become aggressive and confronting without the hostility which ordinarily accompanies it. The inquirer role, though relatively non-judgmental is nonetheless confronting and assertive. It requires that one ask such questions as, "What were you feeling? What were you thinking? What did you want the other to think of you?" etc. The safety of videotape recording of behavior (rather than face-to-face interaction where the next moment in time is unknown), and the clearly structured cues to be used in the inquirer role, usually enable one in the inquirer role to use and become comfortable with assertive non-hostile behavior. The specific cues one uses in the inquirer role and the learning-by-discovery philosophy of the recall process are also very useful skills and attitudes for the student to have. In Unit IV, therefore, students learn and practice the inquirer role. Students then have the basic tools necessary to conduct recall sessions for each other without reliance on the instructor. From the instructor's point of view, of course, an extremely time consuming (and fatiguing!) process can now be assumed by trainees for each other.

In Unit V it is assumed that the student is ready to expand his knowledge of client wants, perceptions, aspirations, and to learn something of how clients avoid, deny, suppress, or learn to grow and change. Throughout the film series students are presented with conceptualizations but the meaning and impact of such material has its limits. Trainees seem to learn more about client dynamics experientially through discovery than through demonstration or lecture. Unit V is an experience through which the client himself becomes the trainee's instructor. A student interviews a client. At the end of the interview he asks the client to review the videotape recording with one of his colleagues. He assures the client that in order for the experience to be of value to the client and instructive to his colleague that the client recall his thougnts, feelings, and moment-by-moment reactions as completely and as honestly as he possibly can. The counselor introduces his colleague to the client and then leaves the room. The colleague assumes the role of inquirer and learns from the client the moment-by-moment impact, the aspirations, the kinds of interventions which started new thought processes and those which were perceived as mundane and meaningless. Most clients are able to provide considerable feedback. Students conduct two or three such client recall sessions for each other. In this way students learn about client dynamics not from a supervisor's wise counsel or interpretations, but from an almost unimpeachable source, the consumer himself.

Among the many things about client dynamics students typically learn, one which almost always occurs is the awareness of the importance

of the here-and-now interaction between counselor and client. Trainees learn that, almost no matter what the content of the interview, a large proportion of the client's emotional energy was devoted to concerns about how the client was being perceived and how the client wanted to be perceived by the counselor. This realization leads logically to the final major developmental task.

It is one thing for a student to recognize that the way a client interacts with him probably faithfully represents his interactions with significant other people in his life. It is one thing for the student to recognize the importance of the feelings which a client engenders in him as a clue to the client's probable impact on significant other people in his life, but it is indeed a matter of a different order for the student to bring himself to label and to act overtly on those feelings in the immediacy of their occurrence with the client. Students are often frustrated because they are unable to make effective use of their ongoing here-and-now perceptions as they occur. In Unit VI an interview is video recorded. During the recall both interviewer and client are present. An inquirer encourages <u>each</u> one to talk about the unexpressed attitudes, intentions, feelings, thoughts, strategies and expectations he had about the other--<u>each participant equally</u>. It is not a session in which inquirer and counselor "gang up" on the client. The inquirer asks the interviewer to describe what his underlying thoughts and feelings had been about as often as he asks the client to describe his. These "mutual recall" sessions afford additional possibilities for learning. After one participant has stated what his underlying thoughts or expectations had been, the inquirer can ask the other participant, "At that time

did you suspect he was thinking or feeling what he just stated?" If the inquirer does his job well he has helped the client and the interviewer not only to talk with each other and to listen to each other in new ways and at more levels but has helped each confirm or refute perceptions they had had of each other. In interviews subsequent to such mutual recall sessions the client and interviewer tend to have more interactions which are prompt, open, and overt using much of the potent material in their ongoing interaction which previously had been unused.

A final unit summarizes observations my colleagues and I have made about human interaction. It is designed to provide cognitive frameworks to enable trainees better to understand the meaning of some of the experiential learning they have engaged in.

Does It Work?

The methods, then, are logical but complex. Hopefully the newly completed manual and film series will enable most competent counselors or psychologists to implement the program. Prior to the film "packaging" many studies evaluating the methods were completed. In this section, several of these are summarized.

An early version of the model was used in conjunction with a graduate practicum (Kagan, Krathwohl et al, 1967). This study, directed by Alan D. Goldberg, was the first clear-cut evidence to support our hunches that the methodology could be used to implement an effective counselor training model and so it is reported in greater detail than those studies which followed it.

A pre-post and between-treatment design, replicated with three different samples in each of three academic quarters was used which permitted an analysis of the effectiveness of IPR based supervision and of intensive traditional supervision. The design also permitted a comparison between the outcomes of IPR and traditional supervision. The pre-testing served not only as a base for determining the amount of change for each group, it also enabled the matching of students on the basis of initial skill and the assignment to a treatment group. At the beginning of each program both IPR and traditional groups were given a common framework about the goals of the program and were given experience rating pre-recorded tapes using the same instruments which would later be used to rate them at the end of training. The traditional supervision was one in which a student's supervisor observed each of his interviews through a one-way mirror and then immediately spent an

hour reviewing the session with the student, using an audiotape of the interview whenever the supervisor or the student chose to. Supervisors were either faculty members or advanced doctoral students. Each ascribed importance if not centrality to "relationship factors" in promoting client change. Although all supervisors had themselves been trained by traditional methods and had had considerably more practice with such methods, several hours of IPR training was considered adequate for assignment of supervisors to both groups. The IPR model did not include the affect simulation films which by then had not yet been adequately experimented with. Each treatment was limited to a total of only ten hours during an eight week period. Eight students participated during the first eight week period and fourteen students during each of the next two academic quarters.

Each student's pre and post tests were of an initial interview with a tenth grade area high school girl who had requested counseling. Tapes were randomly ordered and assigned to independent judges. The rating scale used, the Counselor Verbal Response Scale (Kagan, Krathwohl et al., 1967; Goldberg, 1967; Kagan, 1971) is a procedure which requires that each of twenty consecutive counselor responses taken from the middle portion of an interview be rated on five dichotomized dimensions--affective/cognitive, understanding/non-understanding, specific/non-specific, exploratory/non-exploratory, effective/ineffective. Each dimension of the CVRS thus has a maximum possible score of 20. A *t* test for paired observations was computed for each of the five dimensions of the Counselor Verbal Response Scale for both the IPR supervised and the traditionally supervised group.

Table 1. Comparison of pre and post treatment means on each dimension of the CVRS for the IPR supervised group

Dimension	N	Pre Mean	Post Mean	t	p
Affective	18	3.30	7.74	6.42	.001
Understanding	18	6.00	13.05	8.81	.001
Specific	18	3.35	9.33	7.57	.001
Exploratory	18	5.81	12.18	7.68	.001
Effective	18	4.06	10.57	9.97	.001

Necessary: t .05 1.74 for 17 degrees of freedom

Necessary: t .01 2.57 for 17 degrees of freedom

Table 2. Comparison of pre and post treatment means on each dimension of the CVRS for the traditionally supervised group

Dimension	N	Pre Mean	Post Mean	t	p
Affective	18	3.13	5.37	5.46	.001
Understanding	18	5.76	8.48	6.97	.001
Specific	18	3.24	5.85	5.02	.001
Exploratory	18	5.57	8.76	6.78	.001
Effective	18	4.18	7.50	7.36	.001

Necessary: t .05 1.74 for 17 degrees of freedom

Necessary: t .01 2.57 for 17 degrees of freedom

Although ten hours of training is hardly an adequate program to achieve competence, there were statistically significant pre to post gains. Apparently, both supervisory approaches were effective in bringing about changes in a counselor's interview behavior. An examination of the differences within groups by academic quarters on each dimension indicated a consistent pattern of change in each quarter.

A t test for paired observations was computed across all eighteen pairs of counselors to evaluate the relative effectiveness of each of the treatments.

Table 3. Comparison of post interview scores on each dimension of the CVRS between pairs of IPR supervised and traditionally supervised counselors

Dimension	IPR Mean	Trad. Mean	S.E. Diff.	t	p
Affective	7.74	5.37	.93	2.94	.005
Understanding	13.05	8.48	1.00	4.57	.0025
Specific	9.33	5.85	1.05	3.31	.005
Exploratory	12.18	8.76	1.12	3.05	.005
Effective	10.57	7.50	1.07	2.95	,005

Necessary: t .05 1.74 for 17 degrees of freedom

Necessary: t .01 2.57 for 17 degrees of freedom

There were statistically significant differences in counseling skills as rated by independent judges between the groups in favor of the IPR treatment. Again, an inspection of mean between group differences by academic quarter indicated consistency of differences favoring the IPR model.

A second criterion was client satisfaction measured by a simple five point rating scale--Wisconsin Relationship Orientation Scale (WROS)(Steph, 1963). As indicated in Table 4 there were statistically significant differences favoring the IPR trained counselors as rated by tenth grade high school clients. On the WROS, a rating of 4 indicates a willingness on the part of the client to talk about personal concerns while a rating of 3 is a willingness to talk to the counselor only about factual matters such as educational and vocational concerns and some of the personal meanings associated with these. As with the CVRS, a quarter-by-quarter analysis showed consistent differences between groups.

Table 4. Mean client ratings of counselor/client relationship using the WROS

	IPR	Trad.	S.E. Diff.	t	p
WROS	3.94	3.00	.42	2.238	.025

Necessary: t .05 1.74 for 17 degrees of freedom
Necessary: t .01 2,57 for 17 degrees of freedom

With such statistically significant data from a reasonably well controlled study, my colleagues and I then proceeded with the further development and evaluations of IPR-based programs. Spivack (1972) compared an IPR model which included the affect simulations films with a traditional seminar approach to a pre-practicum course. The traditional approach made use of videotape, audiotape and film demonstrations, small group discussions and lectures on theory. Significant differences in favor of the IPR model were found on interview behavior after 15 hours of training. The findings were replicated during the second half of the course.

Grzegorek (1970) applied the method to the in-service teaching of 42 counselors employed in all of the state prisons of Michigan. His 50-hour program compared one model which emphasized trainee's own affect and cognition with an identical program in which reference to the trainee's own affect was avoided whenever possible and instead additional time was devoted to client (inmate) recall and examination of client dynamics. The basic question was, "Must we probe a trainee's own feelings or is it enough to help him learn skills at response modes and knowledge about client dynamics?" Only the affect groups made significant pre-post gains in interview behavior, suggesting that trainee's exploration of his own affect is a crucial part of the IPR model.

In the summer of 1971, most of the teaching staff of the Spohn Junior High School (Hammond, Indiana) were paid to participate in an in-service workshop. Units I and II of the IPR model were included*

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* The total program was designed and administered by Edward Ignas as a training experience. Evaluation of its effects was not based on pre-determined hypotheses, nor was any true control group established. The results, therefore, must be considered most tentative until adequately replicated.

and accounted for most of the program, which also included encounter sessions conducted by consultants. During the next ten-month school year, the typical student expulsion rate (150 to 170/year during each of the previous few years) was found to have been reduced to near zero while expulsions in the other schools within the system had not appreciably changed. Teacher attendance improved as did student attendance. Expulsion rate and attendance were not themes directly dealt with during the training nor were any administrative edicts issued. Teachers simply seemed to find work a bit more satisfying and apparently were reluctant enough to "throw" people out of school to affect an important change in the lives of many children.

Dendy (1971) provided a 38-hour program to 22 undergraduate students, most of whom were sophomores. The program was conducted over a six-month period. Among his findings were significant improvement in interviewing skills, significant growth on an affective sensitivity scale, and no loss of skills during a three month no-training period. Most exciting of all, before the program was undertaken, independent judges rated the sophomores' interview skills and also rated tapes of Ph.D. level supervisory counselors employed at the university's counseling center. Both groups interviewed clients from the same client pool. Before the 38 hours program, there were large differences favoring the Ph.D.s (fortunately!) but, after training, independent judges found no significant differences between the groups on scales of empathy and other basic therapeutic communication skills.

Archer (1973) then found that these same undergraduates could in turn, train other undergraduates so that the peer-instructed students

scored significantly higher than other students who experienced an encounter group of similar duration. They also scored higher than a comparable no-treatment group, not only on measures of affective sensitivity and self-actualization, but also on scales given to roommates and other peers not in the study. When given lists of all participants, dormitory residents selected the IPR trained students as the ones he "would be willing to talk to about a personal problem," significantly more frequently than he rated either the encounter trained students or the control group members. Apparently, then, dormitory residents were able to identify the increased therapeutic or communication skills of those peer-instructed students in the IPR group. A non-hypothesized observation is that the residents described the dorm as a better place to live in than it previously had been. There was a complete absence of suicide attempts during the remainder of the academic year--apparently students who behaved depressed were not permitted to go unnoticed by their trained peers.

It must be pointed out, however, that the undergraduates used in both the Dendy and the Archer studies were carefully selected and were highly motivated. Heiserman (1971) applied a 16-hour variation of the model to a population of court caseworkers who did not seem to perceive their role as requiring or including counseling skills. No significant gains were found. The learning potential of IPR is not irresistible! Nor have we yet achieved measurable success in rehabilitating alcoholics (Munoz, 1971) with IPR.

Schauble (1970) used eight hours of IPR as an adjunct therapy with clients at a college counseling center. He found statistically significant differences on several process measures favoring the

IPR clients over other clients of the same therapists who were given equivalent treatment time. Schauble's data contains interesting evidence to support the applicability of IPR to therapy but it also helps understand the function which the technology performs. One of his therapists was rated lower than the other on a scale of therapist functioning, although each had equally excellent reputations and more than adequate training credentials. Clients of the lower functioning therapist made few, if any gains in traditional therapy, but all of his clients gained at least somewhat when he had the aid of the technology.*

Rowe (1972) expanded the model and included more theoretical and didactic elements than usual as well. She obtained large and significant pre-post gains.

The last study to be referred to is an application of IPR to use with groups. Hartson (1973) conducted groups as a counseling experience for clients and with YMCA volunteers as a sensitivity experience. IPR was used with half of the groups and significant gains in several self-reported and judge-rated dimensions were found favoring the IPR over the traditional group methods.

The methods have proved to be effective cross culturally. They have been used in Turkey and Israel. Recently** three five-day workshops were conducted in Papua New Guinea under the auspices of the World Health Organization. At least half of the participants were Papua New Guinea nationals. For most of these, English is a third language. On the basis

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* A replication of Schauble's study, with some modifications, which is now nearing completion has failed to confirm the earlier findings and suggests that eight hours may not be enough exposure to consistently effect measurable outcome (VanNoord, in progress).

** Assignment Report, 15 November-20 December, 1972. Education and Training Advisory Services, Papua New Guinea 6401, World Health Organization Regional Office for the Western Pacific.

of participation and written evaluations, it was concluded that the workshops were effective and plans have been made to implement the methods as a regular part of the training of medical and allied health personnel in Papua New Guinea.

Why Does the Model Work?

Through the years the repeated use of IPR has provided my colleagues and me with a particular view of the complexity of influencing human interaction. Our generalizations seem to hold true for all the interactions we studied. Certainly they apply to counselor-client, doctor-patient, teacher-classroom, and undergraduate interpersonal relations. Such understandings which we have gained have led to revisions and expansions of the technology which in turn have enabled us to then look deeper at basic elements in human interaction and to further refine our technologies.

Because we focus our techniques on gross interpersonal behaviors rather than narrowly delimited areas, even our most embryonic theoretical constructs tend to appear heroic in their dimensions. Some of the constructs are very similar to parts of well known theories, others seem unique. These constructs have changed through the years (Kagan, Krathwohl et al, 1967) and undoubtedly they will continue to change, but even in their present stage of development they have been useful to us in the refinement and further development of IPR.

An Interpersonal Theory for Everyday Communicators

Basic Elements

A. People need each other. One of people's most basic interpersonal drives is for some optimum level and frequency of sensory stimulation. This need is basic and life-giving and without it pain and death result. I propose that people are the best, the most complete potential source of sensory stimulation for other people. People can be the greatest source of joy for each other--more interesting, more stimulating and more satisfying than any other single source of satisfaction in the environment.

B. But, people learn to fear each other. Just as people can be the most potent source of satisfaction for each other, people can also be the most potent source of horror for each other. People have the ability to inflict far greater pain on each other than any other environmental source. Because one's earliest, most impressionable, imprinted experiences are as a very small being in a large person's world, vague feelings of fear and helplessness may, to a greater or lesser extent, persist throughout one's life.

This is why so many of the "gut-level" feelings that we repeatedly hear people eventually admit in the course of recall sessions appear very infantile--living vestiges of early fears. They say such things as, "I don't know why I feel he's going to hurt me,

but it almost feels like any minute I'm going to be picked up as if I were very small and beaten or thrown away" or "It feels as if, if I'm not careful he'll get up and walk out; he'll leave me and I just know that I won't be able to survive on my own. I'll die."

Fear of people usually clusters around two basic themes: 1) "the other person will hurt me" or 2) "the other person will incorporate or absorb me." Similarly, we learn to fear our own potential to: 3) strike out or 4) incorporate others. These fears, which are usually vague and seem irrational to us, are perceived by us as anxiety, or fears which we cannot adequately ascribe to a reasonable source. They are usually unlabeled, unstated and in general, are kept from cognitive awareness. The conditioned physiological reaction to the fear actually seems to serve as a gatekeeper or valve on cognition. As the intensity of the perceived fear increases, our ability to recognize or accurately label and know our own state and to clearly identify the source of the fear is reduced. The source remains non-differentiated, stereotyped, irrational. As the physiological concomitants of the response inhibit adequate cognitive functioning, one of the outcomes of the cognitive shut-down is that feelings are denied or not recognized and the source is not subject to "cognitive scrutiny." The "enemy" remains unknown.

Manifestations

The basically opposed states, the need for people and the fear of people, manifest themselves in a variety of behaviors.

1.0 People are unable to give up attempts to achieve interpersonal intimacy, despite their fears of such contact. This approach-avoidance behavior seems to characterize most human interactions. People appear to both approach and retreat from direct, simple intimacy with others. The approach-avoidance syndrome appears to be a cyclical process--intimacy followed by relative isolation, followed by new bids for intimacy.

1.1 The movement toward-and-away-from people appears to establish a specific range of psychologically "safe" distance unique for each individual. The person "settles in" at a psychological distance at which he is more or less intimate with another and yet able to feel tolerably safe from the potential dangers which he senses in the situation. He seeks and establishes relationships with people who will accept his particular kind of "contract."

1.2 The individual's movement toward and away from others may be summarized as an attempt to find a balance between the subjective pain of boredom and deprivation when contact is too distant and the subjective experience of anxiety when the interpersonal contact is too close. Because the need for interpersonal contact is so strong,*

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* Some support for this view may be found in Schutz, Duane P. Sensory Restriction. New York: Academic Press, 1965.

people continuously seek what they can from an interpersonal relationship yet carefully constrain themselves at a distance by the imagined frightening potential of the relationship.

1.3 The greater the fear, the further is the distance one establishes. The further the psychological distance one's approach-avoidance syndrome places him from another, the more rigidly the individual holds to that position. Those who gain most easily from psychological "growth" experiences are those who are already able to be close with others. Those who are most resistive are those who are most frightened. The principle of regression-toward-the-mean does not apply here; rather, the rich most easily get richer.

1.4 The further the distance one establishes, the greater the likelihood that substitutes for human contact will be sought.

1.5 The less frightened people are of each other, the closer is their ability to achieve sustained intimate contact, the more flexible, the more satisfied, the more effective and the healthier a person is likely to be.

2.0 The fears people have of each other usually become translated into an interpersonal mythology and expectation, a "slogan" which enables one to avoid the frightening interpersonal nightmares--i.e., "People have always perceived me in x ways and ultimately react to me accordingly, and they always will."

2.1 The expectation is perceived as inevitable--i.e., "I am helpless

to stop it. In time people will find me out," instead of the more optimistic expectation, "In time they'll like me."

2.2 Although we anticipate differential responses on the basis of such characteristics as the age, sex and race of the other, this differentiation is not as great as is usually assumed. Anticipatory attitudes tend to generalize to all our interpersonal relationships.

2.3 These anticipated reactions to him by others foster a self-fulfilling prophecy in which people make their nightmares happen. They expect others to react to them in certain ways, and so they search for and create evidence that indeed the others do react to them in the ways expected and feared. It's as if one paints a picture and then puts himself in it. According to Karen Horney, "The effect of a neurosis is its purpose." The position one finds oneself in interpersonally is the position one has carefully maneuvered himself into, sometimes with much difficulty and cunning.

3.0 One of the manifestations of this approach-avoidance dynamic is in the way in which people send and receive messages. Much of "direct" communication is not acknowledged by the sender and is not acknowledged by the receiver. As people interact they sense each other on many levels, but they label or acknowledge only a very limited range of what they send or perceive. An old kitchen slogan states:

A Diplomat

> A diplomat is a gentleman who can tell a lie in such a way to another gentleman (who is also a diplomat) that the second gentleman is compelled to let on that he really believes the first gentleman, although he knows that the first gentleman is a liar, who knows that the second gentleman does not believe him. Both let on that each believes the other, while both know that both are liars.

What I am suggesting is that to a greater or lesser extent (dependent on the distancing a particular dyad or group establishes) people are diplomats and behave diplomatically.

3.1 Within a given society, people have an almost uncanny ability to hear each other's most subtle messages although they acknowledge and label only a small part of what they perceive and of what they do actually react to. I see this "feigning of clinical naivete" as an almost universal characteristic. Feigning is sometimes justified by participants as fear that the other may cry or become angry and rejecting. More often, however, the reluctance to honestly label messages is based on an unwillingness to become that involved with the other.

3.2 However, sometimes even very obvious messages are not seen or heard despite what looks like attentiveness by the other. This complete tuning-out usually occurs at times when neophyte teachers, counselors or medical students are deeply immersed in their own thought processes, anxiously belaboring their next moves. Extensive covert analysis, especially when accompanied by anxiety, limits one's ability to attend to the other. Extremely anxious

teachers literally do not see many of the behaviors they are actually looking at.

4.0 Another manifestation of the approach-avoidance dynamic is in life-style, the basic interpersonal patterns which a person characteristically relies on to survive in a world he needs but perceives as dangerous--the method by which the person establishes the distancing he perceives he needs. Here a two-stage model helps organize the observations. People have typical response modes in the immediacy of their interactions (one stage of the model),* but they also have long term interpersonal postures (the second stage of the model).

Six combinations of these stages follow. First, a person's immediate response to other people may be along an aggressive continuum with attack at one extreme. He may attack as an adaptive technique which he tends to rely on. This is exemplified by the nasty person, the grouch, the person who has a short fuse and who promenently displays that characteristic but whose interpersonal posture or long term life-style is one of relative isolation. His surface attacks may tend to keep him quite isolated and distant from other people as a basic way of life. Here the response mode is to ATTACK and the long term pattern is one of WITHDRAWAL. The extreme of this mode achieves the long term position of distance or withdrawal from human interaction.

Other people attack and achieve a life-style not of withdrawal, but of a degree of conformity to a particular group or a set of norms.

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* My observations at that point parallel two of Karen Horney's.

Such people ATTACK to CONFORM. Their theme seems to be, "Don't tread on me, don't disturb the things which I want to believe and the people I want to obey or believe in." Again, this serves as a way of maintaining a degree of safety, a behavioral pattern which however imperfect is relied on and clung to, often tenaciously, because it is perceived as having permitted one to survive in a hostile environment.

Another response has as an extreme to WITHDRAW under immediate interpersonal threat or encounter, to pull back, to escape. This may achieve for one an interpersonal posture of ATTACK as an overall life pattern. In this category is the traditional passive-aggressive personality.

One may also WITHDRAW in order to CONFORM, to remain loyal to a group or to an unchallenged set of standards or beliefs. The surface behavior lies on a continuum of withdrawal, and the long term posture is one of conformity.

Finally in the typology is the person whose immediate interpersonal response is relative CONFORMITY--in the extreme, a person whose immediate reaction is very chameleon-like. The overall postures which may accompany a conformity response are ATTACK or WITHDRAW. Social manipulators fit these categories.

4.1 Rather than think in terms of each of the above behaviors as discreet entities, each of the behaviors should be considered a continuum, i.e., ATTACK is meant to consist of a range of behaviors from assertiveness to aggressive hostility. Thus the behaviors are not necessarily negative or maladaptive.

Less effective people tend to rely on a particular interpersonal pattern and posture. One of the characteristics of more effectively functioning people is not only their ability to establish and maintain interpersonal intimacy, but their flexibility in being able to use a variety of response modes, depending upon the situations and their goals within the situations. But less effectively functioning people--people who generally are unable to establish and maintain interpersonal intimacy--tend to rely on a single response mode and are quite inflexible in their ability to deviate from it. Their behavioral repertoire is very limited. They experiment in very limited ways and with much fear.

5.0 Although tracing the history of a person's past can be a very useful means to come to some understanding of that person, a person brings to every new relationship all that he is and was. The person acts out with most others in his life his typical lifelong patterns. To understand a person and to help him better know himself, then, one does not necessarily have to trace his entire life history or observe him over time if one is courageous enough to really look and listen. One can most productively question, "What are the dynamics of this person's here-and-now interactions with me or with others as I observe him or interact with him?"

6.0 Physiologically people who distance themselves from interpersonal stimuli by suppressing or denying the impact others have on them characteristically have a steady (non-labile) very low palmar skin conductance. Interpersonal involvement and acknowledgement of such involvement is usually associated with an increased palmar skin

conductance which is labile. It is postulated that people who are unable to become involved and intimate with other people exhibit specific physiological behaviors which ultimately are physically destructive to the person. The same physiological mechanisms which shut down cognition are speculated to be toxic over time and contribute to so-called psychogenic disorders.

Communication Theory and Training Model

Why is IPR an effective learning program? Undoubtedly there are several vocabularies which could be applied and more than one learning theory. I prefer to explain it in the following ways:

1.0 Intimate interpersonal encounter is not a dominant theme of life in our society. Most people simply have never had opportunities to develop adequate skills which enable and facilitate such involvement. The program confronts this problem by beginning with exercises in skill definition and skill practice. Also such activities probably offer the least threatening type of interpersonal activity and are the least likely to raise excess student anxiety. This activity also serves to help define the goals of the program; hence, it is the first unit presented.

2.0 Skills are not enough. If people are frightened of each other, then simply teaching them ways to get closer may have limited utility. People need to be helped to come face-to-face with their most feared interpersonal nightmares. If these can be experienced from a position of maximum safety and security, it is possible for people to learn to deal with and overcome such fears. Film simulation seems to offer this security by permitting people to talk about and gradually come to both experience and label the kinds of stress which ordinarily would evoke too much anxiety to permit acknowledgement, awareness and understanding. Simulation enables people to enter what would

otherwise be overwhelming experiences without being overwhelmed. A great deal of control and mastery can come through such a combination of experience followed by cognitive analysis. Videotape feedback of one's reactivity to experienced simulated threat seems to give people an opportunity to look at some of the most frightening of interpersonal potentials but from a secure position so that the "nightmare" can be experienced and also examined and understood. Whenever physiological feedback has been included, the potential for learning has been further increased. As anxiety is reduced new behaviors can be considered, learned and used.

3.0 Meeting in small groups with others to describe reactions to simulated situations affords people an opportunity to learn about other people's covert life. This not only helps one to expand his repertoire of descriptive words and phrases for covert behaviors, but offers one an experience of intimacy and sharing with others. One also learns that others may share some of their nightmares, thus reducing feelings of aloneness and shame.

4.0 In the IPR interviewer recall format, one is encouraged to make explicit one's perceptions and aspirations, thoughts and feelings about an actual recorded dyadic session. This leads to increased awareness of the way in which one frequently "puts his right hand in his left pocket" or frustrates the achievement of one's own goals. The examination of an actual behavioral sample also gives one an opportunity to recognize the daily expression of his own ways of interpersonal distancing. Also of benefit, the recall

process is in itself a practice of new behavior. One says the things he perceived or was tempted to say during the recall process and hears the not unpleasant sounds of these statements. For instance, "What I was really trying to ask throughout this entire section was, 'there are times when your behavior completely confuses me,' but I couldn't find a good way to ask it . . . I guess I could have said it the way I just said it now . . ."

Again, the careful management of anxiety level is considered a basic factor. Student and inquirer are to be alone in a psychologically secure position so that the student's anxiety is kept at a manageable level. If the inquirer is supportive and respectfully inquires of the person about his experience, then the student is likely to be free to acknowledge and own up to much of his covert experience. If the inquirer does his job well, the student has little to defend against except his own perception of himself. If the inquirer is supportive, the student is encouraged to participate in an exciting learning-by-discovery experience rather than in a punitive analysis of the extent to which appropriate goals were or were not achieved. During such sessions students begin to recognize the ways in which their fears and defenses interfere with their effectiveness in everyday life.

Given this support, and all the abundant feedback available from the videotape recorder, it's intriguing to hear neophytes describe complex dynamics which even astute supervisors had not speculated that the students were aware of. Truly the person is the best authority on his own dynamics and the best interpreter of his own

experience. Ronchi's formulations * further clarify why the inquirer role works. In a sense, the inquirer is an active agent in fostering perceptions of personal intention and personal control. " . . . Peripheral awareness of the procedure as an attempt by an outside agent to modify behavior may preclude an interpretation of personal intention. Recent work has provided insight into the way that external attempts to control behavior serve to undermine what might be called 'intrinsic' motivation to perform the behavior in question (Lepper, Greene & Nisbett, 1971; Deci, 1971; 1972)." (Ronchi, 1973, pp. 7-8).

5.0 Skill at assisting another human being work out his own concerns, assisting another to explore and struggle through complexities in his own life requires skills which most people do not "naturally" possess. Learning and practicing the inquirer role does more than make the model more efficient; it provides people with skill at assisting someone to learn-by-discovery.

6.0 People ordinarily associate assertive behavior with hostile behavior. Practicing the inquirer role helps people learn assertive but non-punitive, non-hostile relationship skills. It is here as well as elsewhere in the program that what might be thought of as "interpersonal courage" is nurtured.

7.0 I have already described the phenomenon of "feigning of clinical naiveté." If one does not have to teach people to develop a "third ear," but rather one has primarily to free people of their fears so that they

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* Ronchi, Don. Attribution theory and video playback: a social psychological view. Paper presented at the American Educational Research Association Annual Convention, New Orleans, 1973.

are willing to risk labeling messages which they already perceive, then the simulation films and the interviewer recall should have helped students recognize and understand and be less controlled by their fears of others. The response skill training and inquirer training phases should have given students specific skills with which to implement their new readiness for involvement.

The next logical step is for students to learn more about the helping process. In the client recall phase of IPR, students learn about interpersonal communication and the nature of helping directly from the client. The student's previously unverbalized hunches are confirmed or denied. The student learns to recognize how the client's life-style is enacted in the here-and-now of his relationships. Equally illuminating is the extent to which clients focus much of their energy on their here-and now interactions even when the content of the video recorded session had been on third party concerns. That is, students learn that as clients talk with counselors, teachers, and others about concerns outside the immediate dyadic relationship, much of their energy is focused on the ways in which they feel about the person they are with and the ways they want the other to feel about them.

8.0 It is one thing for students to recognize and understand the importance of the here-and-now of an interaction, but it is another thing for them to actually incorporate this understanding into their behavior to learn to respond to others in new ways and especially to risk being more direct with others in the immediacy

of the interaction. The mutual recall IPR format is a powerful learning experience to further help people reduce their fears and shorten the interpersonal distancing that blocks this kind of interaction. In this format, two people tell the inquirer what each of them was trying to do with the other on the recently recorded videotaped interview. In the presence of the third person seated between them and with the here-and-then of the videotape playback, people are usually able to risk describing in each other's presence, what their perceptions had been of each other and the aspirations each had had for himself and wanted of the other. This here-and-then situation enables two people to practice relating in a new way with each other. Typically, in the early minutes of the mutual recall, each participant addresses himself to the inquirer and talks about the other on the videotape as "him" or "her." As the session progresses, the inquirer is usually bypassed as each participant finds the courage to address the other directly and to talk about "you" and "me," our fears about each other, our impressions, aspirations and strategies.

9.0 Typically students go through these training sessions being clients for each other. At the end of the series, whenever possible, students then engage in interviewer, client and mutual recall sessions with people from the actual populations they are to influence. For instance, teachers are videotaped in their classroom and conduct a teacher recall session with a colleague as inquirer. At another time, the colleague conducts a recall session of the students in the classroom

without the original teacher's presence. Finally, a teacher is videotaped in her classroom and a fellow teacher conducts a mutual recall in which both teacher and students are encouraged to describe their reactions and covert behaviors to each other. This facilitates transfer of learning beyond the IPR seminar and lab rooms. Trainees are also encouraged to use the methods in their daily work rather than to think of the experience as a "one-shot" learning sequence or course. For instance, medical students are encouraged to use the methods during their clinical experiences and to focus on both affect and cognitive inquiry processes during recall.

It is difficult to identify all of the factors responsible for the apparent success of the learning program. The above constructs are my best approximation at this time.

What Then?

In what new ways can we influence the mental health of a community? One is to increase the power of the methods. This will require continued research and development. Of particular interest to me is the potential of the inclusion of physiological measurements. Another way to influence the mental health of our society is to disseminate the learnings to key populations and communities, particularly to classroom teachers.

In college settings can Dendy's and Archer's findings be replicated en masse? Can IPR be established as a course of study for which academic credit is given? If we teach literature and art, why not intra- and interpersonal behavior? Whether the technology, theory and concepts can be implemented with really large numbers of people remains to be seen. I have already begun this massive effort in collaboration with Professor Bruce Burke, using a pyramid model with the help of an Educational Development Program all-university grant. At the time of this writing, 270 undergraduates residing in a single large coed dormitory with 1200 residents have each had 40 hours of IPR. The experiment is being conducted simultaneously at Antioch College under the direction of Dr. Roy Persons.

Years of evaluation, experimentation and theory revision lie ahead. Thus far, the trip has been a fascinating one.

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